

Application No.: 09/989,228
Amendment Date: October 9, 2003
Reply to Office Action of: July 9, 2003



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/989,228
Applicant : Garrard et al.
Filed : November 20, 2001
Title : Method and Apparatus for a Multi-Planar Imaging System

Art Unit : 2878
Examiner : Sung, Christine

Docket No. : US018188

Philips Medical Systems
595 Miner Road
Cleveland, Ohio 44143
October 9, 2003

Mail Stop NON-FEE AMENDMENT
Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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RESPONSE A

Dear Sir:

In response to the Office Action mailed July 9, 2003, please amend the above-referenced application as follows:

Remarks and Comments begin on page 2 of this paper.

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By: _____

Patricia Heim
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/989,228
	Filing Date	November 20, 2001
	First Named Inventor	J. L. Garrard
	Art Unit	2878
	Examiner Name	Christine Sung
	Attorney Docket Number	PHUS018188US
Total Number of Pages in This Submission		6

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		RECEIVED OCT 21 2003 TC 2800 MAIL ROOM
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Eugene E. Clair, Esq. Reg. No. 41,679	
Signature	<i>Eugene E. Clair</i>	
Date	October 9, 2003	

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Signature	<i>Patricia A. Heim</i>	Date	October 9, 2003

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